



BREAST, BOTTLE, BOTH?
WORKING TOGETHER TO BETTER SUPPORT
MIXED-FEEDING MOTHERS AND FAMILIES

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About me



- Lactation Team Lead at the University of Kansas Health System, a Baby-Friendly designated facility
- Past board member of the Kansas Breastfeeding Coalition (2014-2020)
- La Leche League leader (2006-2019)

...and a former WIC recipient!

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objectives

Participants in today's webinar will...

- Understand the value of exclusive breastfeeding and identify some the barriers parents face in meeting their breastfeeding goals
- Feel prepared to support parents in informed decision-making through use of the 3-step counseling model
- Identify at least 3 practical concepts and recommendations that can be shared with families choosing to both breast and formula feed

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an overview

- Why exclusive breastfeeding?
- Barriers to exclusive breastfeeding
- Communication & informed decision-making
- Practical tips for mixed feeding families

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

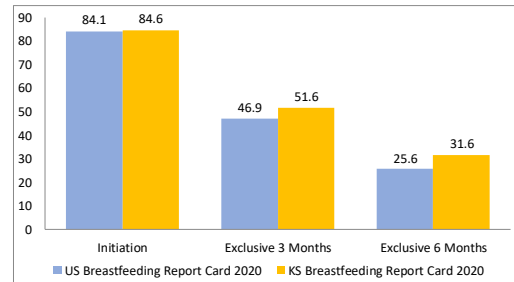


*"Breastfeeding and human milk are the **normative standards** for infant feeding and nutrition. Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be **considered a public health issue and not simply a lifestyle choice.**"*

-- From the AAP's Policy Statement on Breastfeeding and the Use of Human Milk, February 2012

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Breastfeeding by the numbers



<https://www.cdc.gov/breastfeeding/pdf/2020Breastfeeding-Report-Card-H.pdf>

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Why exclusive breastfeeding?

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protective aspects of breastmilk

- Secretory IgA and other immunoglobulins
- Pre- and probiotics to ensure proper colonization of the gut
- LCPUFAs for brain and eye development
- Entero-mammary pathway
- HAMLET
- Stem cells for internal repair
- Lymphocytes
- Anti-inflammatory factors

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protective aspects of breastmilk

Species-specific proteins are non-allergenic
Allows for optimal absorption of nutrients



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protective aspects for babies

When compared to formula, babies fed breastmilk have lower incidences of:

NEC, gastrointestinal infection, reflux, otitis media, pneumonia and other respiratory infections, SIDS, asthma, leukemia and other cancers, celiac disease, diabetes (type 1 and 2), Crohn's, bacterial meningitis, juvenile rheumatoid arthritis, dental caries, eczema, allergies and obesity.

Ip S, et al. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries, April 2007. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/tp/brfoup.htm>
AAP Pediatrics 2012;129:827-41.

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protective aspects for babies

Obesity is one of the most significant childhood health problems in the U.S.

- Incidence decreased in the breastfed population
- 177,304 children followed up to 60 months
- Controlled for gender, ethnicity/race
- Greatest protection with breastfeeding for >12 mos

Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries, Structured Abstract, April 2007. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/tp/brfoup.htm>
AAP Section on Breastfeeding: Breastfeeding and the Use of Human Milk, Pediatrics 2005;115:496-506.
Evidence on the Long Term Effects of Breastfeeding: Systematic Reviews and Meta-analyses, World Health Organization 2007, Geneva, Switzerland. http://www.who.int/child-adolescent-health/publications/NUTRITION/ISBN_92_4_159523_0.htm

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for the health of mom, too!

The longer a woman breastfeeds in her lifetime, the lower her risk of:

breast cancer, ovarian cancer, uterine cancer, osteoporosis, obesity, rheumatoid arthritis, diabetes, hypertension, heart disease and high cholesterol.



Ip S et al. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries, April 2007. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/tp/brfoup.htm>

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exclusivity -- why it matters

Combination feeding is associated with:

- Diminishing mother's milk supply
- Nipple/bottle preference over the breast
- Negatively altered newborn gut flora -- more pathogenic bacteria

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exclusivity -- why it matters

- Exposure to cow's milk proteins in formula increases likelihood of allergies
- Interferes with normal frequency of feedings
- Shortens duration of overall breastfeeding



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any breast milk is better than none

- Breastfeeding and infant/maternal illness: a dose-response relationship.
- Greatest protection against a host of maternal and infant disease states with longer breastfeeding duration.
- Take home message: The more breast milk your baby gets, the greater the health benefits.

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Every drop counts!



Condition	% Lower Risk ^a	Breastfeeding	Comments
Otitis media ¹³	23	Any	—
Otitis media ¹³	30	≥3 or 6 mo	Exclusive BF
Recurrent otitis media ¹³	77	Exclusive BF	Compared with
		≥6 mo ¹	BF 4 to <6 mo ¹
Upper respiratory tract infection ¹⁷	63	>6 mo	Exclusive BF
Lower respiratory tract infection ¹³	72	≥4 mo	Exclusive BF
Lower respiratory tract infection ¹³	77	Exclusive BF	Compared with
		≥6 mo ¹	BF 4 to <6 mo ¹
Asthma ¹³	40	≥3 mo	Atopic family history
Asthma ¹³	26	≥3 mo	No atopic family history
RSV bronchiolitis ¹⁴	74	>4 mo	—
NEC ¹⁹	77	NICU stay	Preterm infants
Atopic dermatitis ²⁷	27	>3 mo	Exclusive HM
Atopic dermatitis ²⁷	42	>3 mo	Exclusive BF/negative family history
Gastroenteritis ¹⁰⁻¹⁴	64	Any	—
Inflammatory bowel disease ²⁵	31	Any	—
Obesity ¹³	24	Any	—
Celiac disease ³¹	52	>2 mo	Gluten exposure when BF
Type 1 diabetes ¹³⁻⁴²	30	>3 mo	Exclusive BF
Type 2 diabetes ¹³⁻⁴³	40	Any	—
Leukemia (ALL) ¹³⁻⁴⁴	20	>6 mo	—
Leukemia (AML) ¹³⁻⁴⁵	15	>6 mo	—
SIDS ¹³	36	Any >1 mo	—

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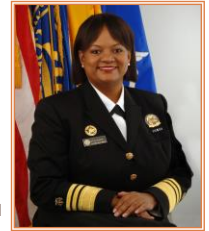
Barriers to exclusive breastfeeding

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Surgeon General's Call to Action

"One of the most highly effective preventive measures a mother can take to protect the health of her infant and herself is to breastfeed."

-- From the U.S. Surgeon General's 2011 Call to Action to Support Breastfeeding



Dr. Regina Benjamin

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Barriers to Exclusive Breastfeeding

- ❑ Lack of experience or understanding among family members of how best to support mothers and babies.
 - Cultural norms that discourage exclusivity
 - Family norms/values
 - Community norms which may foster embarrassment about breastfeeding in public.
- ❑ Not enough opportunities to communicate with other breastfeeding mothers.
 - Inadequate number of mother-to-mother support groups, and skilled lactation professionals when needed
 - Difficulty accessing such groups and skilled lactation care due to lack of transportation, financial concerns, inadequate insurance coverage, language barriers, early return to work.
 - What resources are in your area?

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Barriers to Exclusive Breastfeeding

- ❑ Lack of up-to-date instruction and information from health care professionals.
 - Recommended levels of education for physicians, mid-level providers and nurses not being met.
 - Often providing outdated info and based on personal experiences rather than evidenced-informed information.
 - Are there pediatric or OB providers in your area that have received the KAAP's Breastfeeding-Friendly Practice designation?
- ❑ Hospital practices that make it hard to get started with successful breastfeeding.
 - Mother-baby separations, early use of pacifiers, bottles, formula when not medically indicated.
 - Look for High 5 or Baby-Friendly® designated birthing facilities.

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Barriers to Exclusive Breastfeeding

- ❑ Lack of accommodation to breastfeed or express milk at the workplace.
 - Access to a quality breast pump
 - Space to pump, and the time needed per HR policy.
 - Support from supervisor, colleagues and clients
 - Access to knowledgeable childcare providers who understand how to support breastfeeding.
- ❑ Early return to work due to lack of paid family leave is a huge barrier to breastfeeding in the US.

What other barriers can you think of?

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Breastfeeding Practices in Hispanic Mothers

- ❑ Hispanic mothers in the US have slightly higher rates of breastfeeding initiation than the national average (84.6% vs. 83.2% respectively).
- ❑ However, Hispanics are more likely to supplement with formula in the first 2 days of life, as compared with other US mothers (Hispanic 33%; Black 27%; White 19%)
- ❑ By 6 months of age, nearly 80% of Hispanic babies are being supplemented with formula.

Breastfeeding among U.S. children born 2000–2009, CDC National Immunization Survey, 2012

Breastfeeding among U.S. children born 2009–2015, CDC National Immunization Survey, 2018

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Cultural Barriers

Mexico, Central & South America

- ❑ Working outside the home not expected in mothers of infants
- ❑ Paid family leave
- ❑ Formula expensive, not readily available
- ❑ Breast pumps not readily available

United States

- ❑ Work is highly valued and is often a necessity for new mothers
- ❑ No paid family leave
- ❑ Formula very available, at stores, thru WIC, samples, extensive marketing to mothers
- ❑ Breast pumps covered by insurance

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Reasons behind “Las dos cosas” (“both things”)

- Formula feeding seen as the “American way”
- Breastfeeding associated with poverty
- Belief that formula contains vitamins which will lead to a chubbier baby (which is desirable)
- Even limited amounts of breastfeeding are sufficient to produce a healthier child.
- Lack of understanding of the negative dose-response effect for formula on health and on milk supply.



Waldrop, J. Exploration of reasons for feeding choices in Hispanic mothers. MCN The American Journal of Maternal/Child Nursing, vol. 38, no. 5, 2013.

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How we can better support

- Learn about the family structure. Support from key family members may assist greatly in the promotion of breastfeeding.
- Respect cultural traditions associated with lactation that do not harm optimal breastfeeding, while sensitively educating about any traditions that may be detrimental to breastfeeding.
- Providing info in the mother's native language.
- Understand the specific financial, work, and time obstacles to breastfeeding, and work with families to overcome them.

AAFP Position Statement on Breastfeeding

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Self Efficacy

...as a factor impacting breastfeeding success

Mothers want to be successful.

Social challenges & other factors:

- Growing incidence of maternal obesity, depression and anxiety during pregnancy and postpartum period.
- One in 4 women has a history of abuse by the time they have their first child.
- What might this mean for BF? More mothers choosing to pump/bottle-feed instead of putting babies to breast?

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Communication & Informed Decision-Making

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Informed Decision-Making

“An informed decision is one that is made based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action.”

Best Start Resource Centre: Ontario's Maternal Newborn and Early Child Development Resource Centre
www.beststart.org/resources/breastfeeding

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Informed Decision-Making

So how do we talk about feeding options without making moms feel on the defensive?

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Knowledge isn't always enough.

People do not always adopt healthy behaviors based on information alone (ex. exercise)

Effective counseling can help a mother explore barriers and find ways to work breastfeeding into their lives.

**Build connection
before content.**



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Communication skills

the 3-Step Counseling Model:

1. Use open-ended questions
2. Affirm – validate mother's feelings
3. Inform – offer education and practical ideas



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Open-ended questions

- help mothers to feel safe in sharing thoughts and feelings
- build trust and openness
- help us to identify mother's primary concerns



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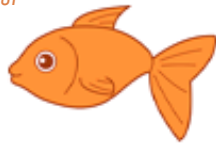
Skills Practice: closed to open

Closed: "Has breastfeeding been very difficult?"

Open: "What is going well?" or "What has been difficult for you?"

Closed: "Are you going to breast or bottle feed?"

Open: "What have you heard about breastfeeding?"



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Probes allow you to gather more info

Extending – asks for more details

"Tell me more about that."

Clarifying – ensures you clearly understand her

"Are you saying you are worried about your baby getting enough or are other people telling you that you need to give formula?"

Reflecting – reflects the mother's words back to her

"So you're wondering how to combine breastfeeding with school."

Redirecting – helps get the convo back on track

"Besides your concern about having an occasional margarita, do you have other worries about breastfeeding?"

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Affirm – Validate Mother's Feelings

The most important part of the exchange!

- ☐ Mothers may not be ready for information until they feel their opinions have been heard.
- ☐ Acknowledge what you're hearing and reassure the mother.
- ☐ This is a great time to draw attention to what is going well. Affirmation builds self-respect and self confidence.

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Affirm – Validate Mother's Feelings

Note: Affirming statements do not have to imply agreement with her choices.

- Accepting what a mother says is not the same thing as agreeing that she is right.
- You can accept what she is saying and give correct information later.
- Accepting what a mother says helps her to trust you and encourages her to continue the conversation.

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Inform – Offer Education & Practical Ideas

Provide targeted info to address mother's concerns.

- ❑ Offer information in small bites
Ex. The size of baby's stomach on day one or share a few unique benefits of colostrum
- ❑ Limit your suggestions to one or two suggestions that are relevant to her situation.
Ex. A new position or hand expression
- ❑ Dispel myths without devaluing the source
Ex. "I used to think that as well. I've since learned that..."
- ❑ Engage her
Ex. "May I share some info with you about that?"
- ❑ Keep it simple

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Suggestions rather than commands

Frame suggestions as options to help her find a solution that will work for her. This may sound like...

"Have you considered..."

"Is it possible that..."

"Many mothers have found that..."

Avoid telling her what she should do or must not do.



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Effective communication builds rapport, allowing you to provide needed information so that mothers can make informed choices.

the 3-Step Counseling Model:

1. Use open-ended questions
2. Affirm – validate mother's feelings
3. Inform – offer education and practical ideas

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Let's Role Play

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"I want to breastfeed AND bottle feed."

Open-ended Questions / Probes

- ☐ "Tell me a little more about that."
- ☐ "Are considering providing your milk in a bottle?"
- ☐ "What do you see as barriers to only breastfeeding?"
- ☐ "When do you anticipate needing to give formula?"

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"I want to breastfeed AND bottle feed."

Affirm

- ☐ "What a great mom you are to want to give your baby your milk, too."
- ☐ "Your baby is very lucky to have a mom who wants the best for him!"

Inform

- ☐ Your milk is perfectly designed and is all your baby needs right now.
- ☐ Nursing often is your baby's way of telling your body how much milk to make. Adding formula bottles can reduce your milk supply.
- ☐ If you do choose to give bottles, waiting as long as possible will help to ensure you have all the milk your baby will need.

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*"My baby wants to eat all the time.
Is he getting enough?"*

Open-ended Questions / Probes

- ☐ "Tell me a little more about what worries you?"
- ☐ "What is a typical day like for you and your baby?"
- ☐ "Can you describe what a breastfeeding is usually like for you?"

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*"My baby wants to eat all the time.
Is he getting enough?"*

Affirm

- ☐ Many moms have that concern.
- ☐ It is natural to want to calm your baby when he is fussy and to wonder if he is getting enough from you.

Inform

- ☐ New babies fuss and cry for many reasons. Sometimes they just need to be held close.
- ☐ Your body really is designed to make plenty of milk for your baby. Feeding often is baby's way of "putting in his order" for more milk to come.
- ☐ Look for his feeding cues. They will help you know when he needs to eat.

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Practical tips for mixed feeding families

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Protect Supply — “If you have milk, you have options!”

- Whenever possible, offer the breast first.
- Delay introduction of any non-medically indicated supplements for as long as possible.
- First 4-6 weeks is a critical window for the establishment of milk supply.
- If supplementing, encourage milk expression any time a supplement is given to protect supply.



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Low supply or perceived low supply

- ❑ Milk production is the strongest determinant of duration and exclusivity of breastfeeding.
- ❑ Insufficient supply (or perceived insufficient supply) is the most common reason cited by mothers who wean prior to a year.
- ❑ Postpartum mothers are very vulnerable to external influences such as advice to offer supplements.
- ❑ Well-meaning family and even healthcare providers may recommend supplements as a means of “protecting” mothers from fatigue or distress.

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Protect Supply — “If you have milk, you have options!”

Far too often, the pump isn't doing its job.



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Protect Supply — “If you have milk, you have options!”

Common pumping pitfalls:

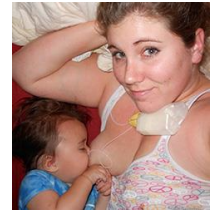
- Not pumping often enough when away from baby
- Valves and other parts in need of replacement
- Too high or too low suction
- Wrong flange size
- Not using hands while pumping!



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Other alternatives?

- Donor milk?
- Increasing solids in an older baby?



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Why Paced Bottle-feeding?



- Volume control: If baby takes too much milk when feeding from a bottle, baby may be less interested in coming back to the breast.
- Flow preference, nipple preference
- Keeps baby in control of the feeding and the flow of milk
- Helps to prevent from overfeeding
- Safest way to bottle-feed, no matter what is in the bottle.

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Should I Mix Breast milk and Formula?

- Best practice is to keep breast milk and formula separate, rather than mix them in the same container at a feeding.
- Mixing breastmilk and formula can result in breastmilk being wasted, if the baby does not finish the milk.
- Giving your pumped milk to your baby first, and on its own, ensures that all of your “liquid gold” will be used and less will be wasted.
- Additionally, as part of a review of published research conducted on preterm babies, Schanler (2007) suggests that mixing formula milk and breastmilk can affect protein intake, and retentions of calcium, phosphorus, and zinc.

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Appropriate volumes

Weeks Two and Three – 2-3 oz per feeding
 Weeks Four and Five – 3-4 oz per feeding
 One to Six Months – 3-4 oz per feeding

*I am breastfed!
 I won't ever need those
 8-ounce bottles!*



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What about bottle refusal?

- Introduce a bottle around 4-6 weeks
 - If a baby is refusing, trial some different approaches to:
 - Positioning of baby
 - Type of bottle
 - Temp of milk
 - Timing – babe half asleep, or not overly hungry
 - Keep things low-stress to avoid more bottle aversion!
 - Try a “sippy cup”
- (More tips in the parent handout included in resources)

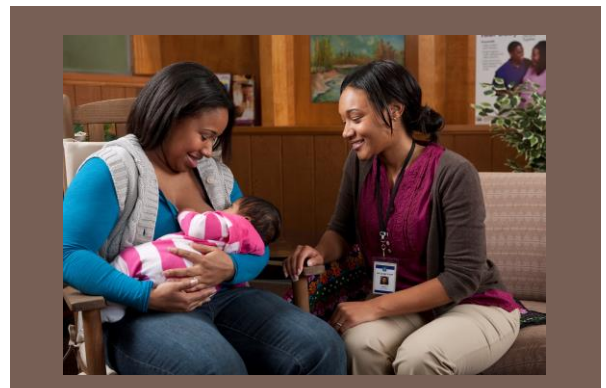
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In Summary

Every drop counts

- Practice active listening, use welcoming body language and ask open-ended questions.
- Honor her efforts and praise mothers for continuing to breastfeed (even if partially!)
- Provide education and connect mothers to resources that will help her overcome barriers.
- Remember that your encouragement may be the only source of support a mother may have.

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YOU make a Difference!

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selected links

U.S. Surgeon General's Call to Action:

<https://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>

Programs of the Kansas Breastfeeding Coalition:

<http://ksbreastfeeding.org/>

On increasing obesity in the US:

<https://www.marchofdiabetes.org/Peristats/ViewSubtopic.aspx?req=99&top=17&stop=350&lev=1&slev=1&obj=1>

On increasing anxiety & depression:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4447112/>

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selected links

On self-efficacy:

<http://www.cindyreedennis.ca/research/1-breastfeeding/breastfeeding-self-efficacy/>

On paced bottle-feeding:

<http://www.nancymohrbacher.com/articles/2013/12/3/for-the-caregiver-of-a-breastfed-baby.html>

On perceptions of mothers and Hispanic culture:

<https://www.ncbi.nlm.nih.gov/pubmed/22007765>

<https://www.liebertpub.com/doi/full/10.1089/bfm.2014.0090#>

On safe formula preparation:

http://www.who.int/foodsafety/publications/micro/PIF_Bottle_en.pdf

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